



HOUSE OF COMMONS
CANADA

REPORT ON
AIDS IN CANADA

STANDING COMMITTEE ON
NATIONAL HEALTH AND WELFARE

BRUCE HALLIDAY, M.P., CHAIRMAN

May 1986

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HOUSE OF COMMONS
March 27, 1985
Canadian House History

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March 27, 1985
Canadian House History

National
Health and Welfare

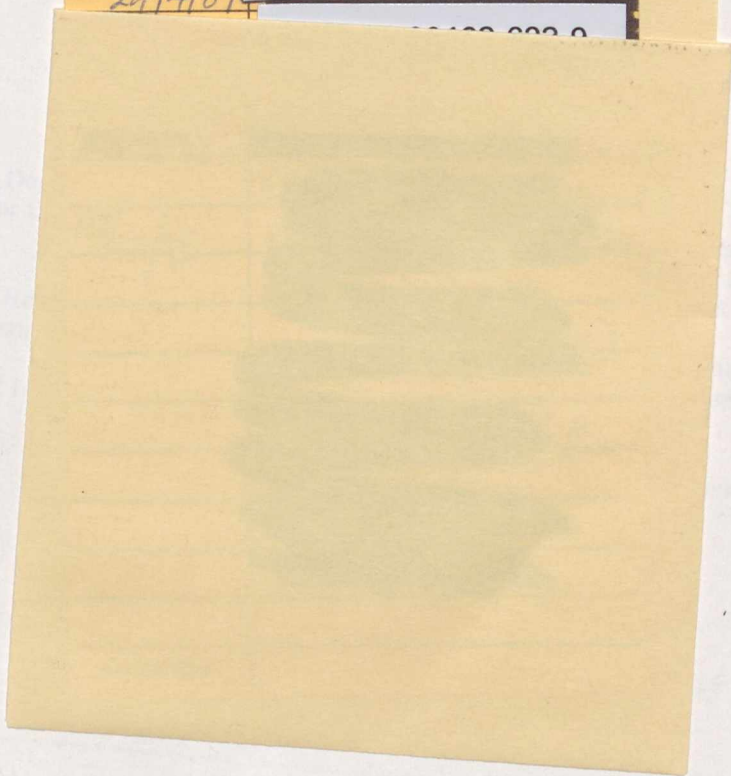
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Canada. Parliament.
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33-1 Report on AIDS in Canada.

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HOUSE OF COMMONS

Issue No. 1

Thursday, March 20, 1986

Chairman: Bruce Halliday

CHAMBRE DES COMMUNES

Fascicule n° 1

Le jeudi 20 mars 1986

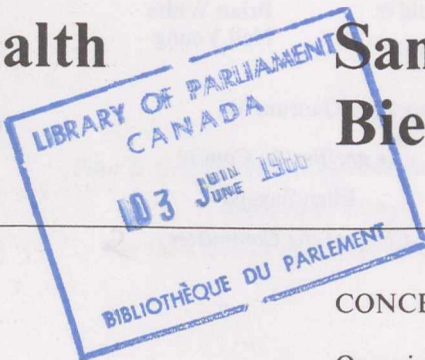
Président: Bruce Halliday

*Minutes of Proceedings and Evidence
of the Standing Committee on*

*Procès-verbaux et témoignages
du Comité permanent sur la*

National Health and Welfare

Santé nationale et Bien-être social



RESPECTING:

Organization

Annual Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1984; and

Report of the Medical Research Council of Canada for the fiscal year ended March 31, 1985;

(in relation to Acquired Immunodeficiency Syndrome (*AIDS*))

INCLUDING:

The FIFTH REPORT to the House (*AIDS* in Canada)

CONCERNANT:

Organisation

Rapport annuel du ministère de la Santé nationale et du Bien-être social pour l'exercice financier terminé le 31 mars 1984; et

Rapport du Conseil de recherches médicales du Canada pour l'exercice financier terminé le 31 mars 1985;

(au sujet du Syndrome d'immunodéficience acquise (*SIDA*))

Y COMPRIS:

Le CINQUIÈME RAPPORT à la Chambre (Le *SIDA* au Canada)

First Session of the
Thirty-third Parliament, 1984-85-86

Première session de la
trente-troisième législature, 1984-1985-1986

STANDING COMMITTEE ON NATIONAL
HEALTH AND WELFARE

Chairman: Bruce Halliday
Vice-Chairman: Gabriel Desjardins

Members

Douglas Frith
Moe Mantha
Barry Turner
Brian White
Neil Young

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SANTÉ NATIONALE ET DU BIEN-ÊTRE
SOCIAL

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Membres

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Moe Mantha
Barry Turner
Brian White
Neil Young

(Quorum 4)

Le greffier du Comité

Ellen Savage

Clerk of the Committee

ERRATA

Issue No. 33

In the Minutes of Proceedings, in the
Evidence and on the back cover:

David Clemens should read: "David
Clements"; and

In the Evidence:

Ellen Margolesee should read: "Ellen
Margolese".

ERRATA

Fascicule n° 33

Dans le procès-verbal, dans les
Témoignages et à l'endos:

David Clemens devrait se lire: «David
Clements»; et

Dans les Témoignages:

Ellen Margolesee devrait se lire: «Ellen
Margolese».

ORDER OF REFERENCE

Thursday, March 13, 1986

ORDERED,—That the following Members do compose the Standing Committee on National Health and Welfare:

Members

Desjardins

Frith

Halliday

Mantha

Turner (*Ottawa-Carleton*)

White

Young—7.

ATTEST:

Pour le Greffier de la Chambre des communes

Michael B. Kirby

For the Clerk of the House of Commons

ORDRE DE RENVOI

Le jeudi 13 mars 1986

IL EST ORDONNÉ,—Que le Comité permanent de la Santé nationale et du Bien-être social soit composé des députés dont les noms suivent:

Membres

Desjardins

Frith

Halliday

Mantha

Turner (*Ottawa-Carleton*)

White

Young—7.

ATTESTÉ:

THE STANDING COMMITTEE
ON
NATIONAL HEALTH AND WELFARE

has the honour to present its

FIFTH REPORT

“AIDS in Canada”

In relation to the Orders of Reference concerning the Annual Report of the Department of National Health and Welfare for the fiscal year ended 31 March 1984 and the Report of the Medical Research Council of Canada for the fiscal year ended 31 March 1985, the Standing Committee on National Health and Welfare has heard evidence on Acquired Immune Deficiency Syndrome (AIDS) in Canada and is reporting its recommendations to the House.

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GLOSSARY OF ABBREVIATIONS

AIDS	—Acquired Immune Deficiency Syndrome
ARC	—AIDS-Related Complex
CLL	—Connaught Laboratories Limited
CRCS	—Canadian Red Cross Society
HTLV-III/LAV	—Human T-cell lymphotropic virus type III/lymphadenopathy associated virus
LCDC	—Laboratory Centre for Disease Control
MRC	—Medical Research Council
NAC-AIDS	—National Advisory Committee on AIDS
NGO	—Non-government organization
NHRDP	—National Health Research and Development Program

Administration and Introduction

AIDS is a consequence of an attack on the body's immune system by a new human virus, which directly compromises an individual's ability to fight disease. Thus, persons infected with the virus may be vulnerable to an array of unusual and eventually fatal complications. Because of the severity of AIDS and the lack of an effective treatment, a great deal of public fear, as well as concern in the scientific and public health community, has arisen.

The first case of AIDS was reported in Canada in February 1982 and since then, the number of persons diagnosed with AIDS has increased at a dramatic rate of approximately 2.5 times per year. As of 28 April 1986, 541 persons in Canada had been diagnosed as having AIDS, of which 50% have died, although all those diagnosed as having AIDS are normally expected to die from the disease. At present, the number of persons with AIDS in Canada is not extremely large but there are virtually hundreds of other people infected with the AIDS virus who may be sick but do not express the exact symptoms necessary to be classified as having AIDS. The virus responsible for AIDS has an incubation period from the time of initial infection until AIDS is manifest, which averages five years. Such a long incubation period suggests that a large number of new cases will develop in the future, and it has been estimated that there may be 25-50 persons infected for each person who has been diagnosed as having AIDS. The percentage of those infected who will later develop AIDS is not presently known, but studies have shown the proportion is increasing with time, and percentages as high as 34% in some study populations have already been reached.

AIDS has now, unfortunately, attained pandemic status, having spread to most countries of the world. The majority of cases are in the United States where, as of 21 April 1986, 19,818 persons had been diagnosed as having AIDS, and it is estimated that between 0.5 to 1.5 million persons may be infected. AIDS was not diagnosed in Canada until two years after being identified in the United States and it is generally believed that this may provide a two-year period of grace which may assist in reducing its epidemic proportions in Canada if effective action is taken.

In order to ensure that correct information was being disseminated to the public and to determine the concerns and problems in dealing with the AIDS epidemic, commencing 31 October 1985, the Standing Committee heard testimony from leading experts in this field in Canada and from those suffering as a result of the disease. This report addresses the major concerns and problems by briefly outlining each issue, followed by recommendations based on the testimony and additionally acquired information.

Administration and Organization

The Laboratory Centre for Disease Control (LCDC) of Health and Welfare Canada has become nationally and internationally recognized (e.g., by the World Health Organization) as Canada's centre for dealing with many of the complex issues of AIDS. Their responsibilities include education and information, research in epidemiology, microbiology, virology and immunology, emphasizing the development of laboratory techniques and the transfer of their technology to national and provincial laboratories across Canada, as well as acting as a national reference laboratory for blood testing. The LCDC has not had sufficient additional funding or person-years to deal with the AIDS epidemic, which has necessitated the transfer of resources from existing programs to deal with AIDS. The Standing Committee believes that the formation of a national centre to specifically address AIDS issues would be the most appropriate method of co-ordinating government actions and government research. Testimony to the Standing Committee on 17 December 1985 by Dr. Norbert Gilmore indicated that the establishment of such a centre would require funding in the range of \$5-20 million. Because of the recognition LCDC has now acquired as the co-ordinating and research centre of AIDS in Canada, and because AIDS will inevitably be a problem requiring the continuation and possible expansion of these responsibilities for some years into the future:

- 1. The Standing Committee recommends the formation of a national centre on AIDS as a unit within LCDC. The Standing Committee further suggests that funds be provided to LCDC to maintain the national centre on AIDS and its research, education, community group assistance, and co-ordination responsibilities (see Appendix 1).**

In September 1983, the Minister of National Health and Welfare established the National Advisory Committee on AIDS (NAC-AIDS) to recommend activities to control, prevent and manage AIDS in Canada. The NAC-AIDS has been effective in its role as an advisory committee to the Minister, working in close contact with LCDC, and has facilitated co-operation among various levels of government, non-government organizations (NGOs) and associations involved with AIDS. A \$1.49 million allocation by the Treasury Board to the Health Protection Branch funded the NAC-AIDS activities for the original four-year period. Work by the NAC-AIDS members has been solely on a voluntary basis. Inadequate resources have limited NAC-AIDS meetings to two per year but the committee's expanded involvement since its inception — due to the dynamic and expanding nature of AIDS and its impact on society — requires more frequent meetings. Additionally, since the conception of NAC-AIDS, legal, social and ethical issues of AIDS have come to the fore. The NAC-AIDS has been attempting to deal with these complex issues but its mandate requires a modification to address them and additional funding to carry out their mandate. The increased demand on NAC-AIDS has also placed it, at times, in an executive role, but the creation of the national centre on AIDS should alleviate this problem and allow NAC-AIDS to function in a more strictly advisory capacity. Therefore, to continue their role in an advisory capacity:

- 2. The Standing Committee recommends that the National Advisory Committee on AIDS (NAC-AIDS) have its mandate and funding renewed and expanded**

as necessary for an additional four-year period. The NAC-AIDS should act in a more advisory fashion as other recommendations outlined in this report relieve it of executive roles and suggest new advisory responsibilities. In addition, a subcommittee examining legal/social issues should be established (see Appendix 1).

Community-based groups, such as AIDS-Vancouver, have demonstrated their value as an interface between the "community" affected by AIDS and the scientific and public health-care milieu. In particular, these groups provide emotional support and counselling to those learning to cope with debilitating diseases and a syndrome which has often been viewed with disdain by the general public. These volunteer "grass-roots" organizations are found in several major Canadian cities where they offer AIDS telephone hot-lines, provide frank information pamphlets directed to high-risk groups, and provide support for people with AIDS and AIDS-Related Complex (ARC, a precursor stage of AIDS). Although support groups are found in cities such as Montreal, Calgary, Edmonton and others, to date, only AIDS-Vancouver and the AIDS Committee of Toronto have received funding from government sources (e.g., \$250,000/2 years for AIDS-Vancouver). Testimony has indicated that approximately \$200,000/centre is required each year and that such organizations are required in 10-11 centres across Canada. Establishment of, and support for, these groups is required.

With the support of NAC-AIDS, some initial attempts were made to co-ordinate community-based organizations from across Canada, but lack of funds has made further co-ordination virtually impossible. Some of these community organizations have been successful in raising funds for their own centres but the general feeling is that a co-ordinating organization or foundation, possibly modelled after the Canadian Cancer Society or a similar foundation, would enhance both the fund-raising and information co-ordination abilities of these valuable support groups. Funding of approximately \$250,000/year for a two-year period (i.e., total of \$0.5 million) from the Federal Government would allow the establishment of a foundation in a self-supporting capacity. The second year of funding should be committed at the time of the first year's installment and provided at the end of the first year when evidence of the foundation's progress is established. Therefore:

- 3. The Standing Committee recommends that the Federal Government should act as a catalyst and provide initial funding for the creation of a National AIDS Foundation. It is suggested that the Foundation function as a fund-raising organization for AIDS support groups and itself and act as a co-ordinating office for community-based AIDS organizations across Canada. The Foundation, in co-ordination with the national centre on AIDS, should undertake a study to determine the costs of establishing community organizations, modelled on AIDS-Vancouver, but adapted to each community's own circumstances, in the major epidemic centres of Canada. Additionally, they should help initiate co-operation and interaction with the provinces and municipalities involved to provide assistance and funding to establish these community-based organizations. Consideration should be given to the monitoring of the community-based organizations by the Foundation once they have become established (see Appendix 1).**

Education and Information

A primary incentive for this investigation by the Standing Committee was the public fear produced as a result of vague, and at times contradictory information generated by the media. Since November 1985, this situation appears to have subsided as a result of improved and responsible reporting. Testimony by all witnesses, however, has emphasized the need for improved education and information dissemination with regards to AIDS. In particular, because drug treatment to date is not effective enough and because a vaccine is not readily foreseen in the next few years, education appears to be the most appropriate means to curtail the spread of AIDS. Information concerning AIDS has been somewhat piecemeal and has not effectively reached most sectors of the general public, high-risk groups and health care workers. Information pamphlets have been produced by the Laboratory Centre for Disease Control and NAC-AIDS, but distribution has been limited. Non-government organizations (NGOs) in some cities with a high incidence of AIDS, such as Vancouver, Toronto and Montreal, have also targeted information pamphlets to high-risk groups. This information has proven invaluable in reaching specific sectors of the population and its continuation should be supported when assistance is provided to these community-based groups. Information dissemination, including the distribution of additional pamphlets and use of media, should be expanded to reach the Canadian public.

The AIDS virus, human T-cell lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV), is most easily transmitted through the exchange of body fluids, with the greatest potential for spread of the virus by way of sexual activities. Ultimately, monogamy and, secondarily, the practice of "safe sex" are the best assurances against becoming infected with the AIDS virus. This information has most effectively reached the male homosexual community (the largest high-risk group) predominantly through their own organizations, but requires further attention and effort. This information should also be directed to the heterosexual population and targeted toward the sexually active sectors of the population, for example, youth, university students and prostitutes.

Equally important as this information is to the control of the spread of the virus itself, is the need for information to alleviate the social stigma of AIDS. There is a grave concern that discrimination will result if the public is not correctly informed of the extremely low probability of contracting AIDS from casual contact. The public must also be correctly informed so that they will be able to support rational and correct policies. Along these same lines, information and standard interpretations with respect to the legal rights of persons diagnosed as being antibody-positive for the virus or having AIDS is needed for self-protection.

Since AIDS is relatively new, aspects of health care, including counselling, have been inadequate to deal with AIDS. It is traumatic to learn to live with AIDS for both AIDS patients and those infected with the virus, as well as for family and friends who will see a loved one die rapidly and painfully. Testimony indicated a strong need for more comprehensive information and counselling for those who must learn to personally contend with AIDS. In order to reduce future emotional and psychological suffering:

- 4. The Standing Committee recommends that emphasis be placed on providing comprehensive information and counselling for those who must learn to live**

and die with AIDS. A specific recommendation is a revision of a book published in Los Angeles entitled "Living with AIDS", placing its information in a Canadian context and producing it in both official languages.

Testimony also indicates that hospital personnel and health care professionals require a greater education in treating AIDS patients and learning to diagnose AIDS at preliminary stages of the infection. In particular, decisions about whether to undertake life-sustaining treatment such as mechanical ventilation and force feeding of AIDS patients must frequently be made. Because of dementia, many AIDS patients become mentally incompetent to participate in decisions about their care, indicating the need for directives in advance to guide their care. These directives may take the form of discussions with physicians and family, a will, or designating a proxy (e.g., friend) to make the decisions for their health care through a durable power of attorney. Counselling concerning the types of treatment available and their success must be provided by the physician. Such actions would help to reduce the hardship for AIDS patients and simplify complex decisions for medical personnel. Therefore:

- 5. The Standing Committee recommends that the Canadian Medical Association and the Association of Canadian Medical Colleges develop a counselling program for physicians and AIDS patients concerning life-sustaining treatments applicable to AIDS. The program should also emphasize the importance of directives in advance for health-care treatment and the options available for designating power of attorney.**

There is a need for all levels of government, NGOs and associations to be involved in public education. There is also a need for a central body to co-ordinate the collation and the dissemination of the information. Presently, NAC-AIDS has a Communications Subcommittee that has been attempting to fulfill this role. To hasten and expand this priority issue of education:

- 6. The Standing Committee recommends that the NAC-AIDS Communications Subcommittee actively pursue its mandate and develop an overall public and professional education and information dissemination strategy. The national centre on AIDS should work in conjunction with the provinces to implement the recommendations of the NAC-AIDS Communications Subcommittee.**

Expertise in the preparation and dissemination of information dealing with scientific, social, ethical and economic issues is presently available within the body of the Science Council of Canada. Previous problems in information dissemination have indicated the requirement of a body which already has a good degree of public trust. In meeting these requirements and in order to reduce the duplication of services:

- 7. The Standing Committee recommends that the Science Council of Canada work in conjunction with both the National Advisory Committee on AIDS and the national centre on AIDS of LCDC in co-ordinating and assisting with information dissemination. Additional funding should be allocated as required to the Science Council to facilitate their involvement.**

Research Requirements

On a per capita basis, scientific and medical research on AIDS in Canada is approximately one-tenth that of the United States. Although Canada has proportionally fewer researchers or institutes committed to research on AIDS than the United States, funding is inadequate to support those willing to do research on AIDS in Canada or to entice more researchers into this field. Collaboration on an international level has been extremely helpful. In particular, assistance by the United States was essential in establishing research and blood-testing programs at LCDC. They should be commended for their assistance, and further interaction should be continued although efforts to develop our own research programs tailored to Canada's specific needs should not be neglected. It should be understood that research on AIDS is at the forefront of viral, immunological and cancer-related scientific investigation, and research directly concerning AIDS will have beneficial implications in all these fields.

Another reason for the small amount of research on AIDS in Canada is the lack of biocontainment laboratories at the appropriate level to safely grow the HTLV-III/LAV virus. Growth of the virus is necessary to study infectivity, develop a more accurate antigenic blood test, test therapeutic anti-viral drugs, and develop a vaccine against the virus. Further communications with Dr. Phil Gold, who provided testimony to the Standing Committee, has indicated that 10-12 additional laboratories are required across Canada. It is estimated that each virus isolation laboratory would cost approximately \$250,000 to establish and \$200,000/year to operate, although costs of upgrading or expanding existing facilities and personnel will vary according to the institution's present facilities. In response to this need:

- 8. The Standing Committee recommends that funds for biocontainment laboratories, including expenses for their first year of operations, should be immediately made available. Because cost requirements to establish laboratories may vary, the Standing Committee suggests that the funds be granted in a lump sum and that NAC-AIDS form a Task Force to identify locations for the laboratories, define the resources necessary at each location and allocate the funds accordingly. Priority in the first year should be given to the major epidemic centres, Montreal, Toronto and, in particular, Vancouver, where no appropriate laboratories are presently found. Special consideration should also be given to those provinces who provide matching funds for the establishment of the laboratories and who will support their long-term operational costs. Consideration should be given to the financial requirements necessary to establish additional laboratories in subsequent years as outlined by the NAC-AIDS Task Force.**

The AIDS epidemic looms in the future as no effective cure is in sight and the spread of AIDS and its causative agent (HTLV-III/LAV) continues. Research tackling the AIDS problems must be augmented, requiring attention on three interwoven fronts — vaccine development, development of treatment (e.g., drug therapies) and fundamental research. Because AIDS research is at the frontiers of scientific and medical discovery, care must be taken not to stifle the independence and creativity of fundamental researchers while, at the same time, enlisting others for the targeted areas of research. A problem both in Canada and abroad in influencing the direction of research is the lack of guaranteed funding over an extended period of time.

Funding for AIDS research in Canada has predominantly been through the National Health Research and Development Program (NHRDP — approximately \$1.35 million) and the Medical Research Council (MRC — approximately \$1.3 million). Funding from Health and Welfare Canada, the NAC-AIDS and some provinces has also supported various solicited research projects. Some co-ordination of funding is needed and additional monies are required to guarantee sustained funding for all fundamental research proposals that can be applied to the AIDS problems and, in particular, to allow for solicited or targeted research.

Specific areas of research requiring investigation and funding are too numerous and complex to be dealt with in this report. A growing area of concern, however, is the infectivity of the HTLV-III/LAV virus in the brain where it may not only produce dementia in AIDS patients, but also serve as a reservoir for the virus for those who are infected with HTLV-III/LAV but asymptomatic for AIDS. Additionally, the virus and AIDS are new and present a dynamic situation that requires careful monitoring in order to understand the methods of transmission of the virus. Comprehensive epidemiological studies are required for high-risk groups and contacts of AIDS patients. Therefore:

- 9. The Standing Committee recommends that the NAC-AIDS Research Subcommittee include members of MRC, NHRDP, NAC-AIDS and LCDC and act as a board directly advising MRC and NHRDP with respect to the requirements of targeted and solicited research on AIDS in Canada, as well as fundamental research that can be applied to AIDS. The Standing Committee suggests that the NAC-AIDS Research Subcommittee first undertake a study to determine the areas requiring research and specifically suggests an increase into the epidemiological investigations of HTLV-III/LAV transmission.**

The restrictions that inadequate research funds place on the battle against AIDS is recognized by the Standing Committee, but the present lack of definite knowledge concerning all those ready to undertake research on AIDS in the next year makes it difficult to specify a required amount of funding. Testimony by Dr. Phil Gold on 28 November 1985 indicated that at that time Canada was spending \$2 million in the 1985-86 FY on AIDS and that "we are probably on average spending about one-tenth of what we should be spending just in the research area of AIDS." Therefore, to facilitate further research:

- 10. The Standing Committee recommends an increase in funds (see Appendix 1) for AIDS research be made available through MRC and NHRDP in the support of short- and long-term targeted research as recommended by the NAC-AIDS Research Subcommittee. It is recommended that all funding be new monies and not be allocated for AIDS research at the expense of other research programs. It is also suggested that all non-solicited fundamental research projects, deemed by the NAC-AIDS Research Subcommittee to be applicable to the AIDS problem, be funded with these monies as required for renewable, minimum five-year periods. A review of the adequacy of the funding should be undertaken annually.**

A further constraint to research on AIDS in Canada is the limited number of persons trained in the appropriate research fields. An increase in fellowships and scholarships at the doctoral and post-doctoral level would possibly provide additional personnel support.

- 11. The Standing Committee recommends that an increase in doctoral and post-doctoral fellowships be made available in fields relevant to AIDS research. Fellowship allocations should be determined by the NAC-AIDS Research Subcommittee and be made available from the research funds previously recommended.**

The request by AIDS patients for drugs with antiviral potential and the slow process of developing protocols and releasing these drugs has been brought to the attention of the Standing Committee. Generally a drug is tested *in vitro* on cell lines infected with the virus to determine its potential effectiveness and toxicity. The lack of biocontainment laboratories has definitely slowed the rate at which protocols for these potential antiviral drugs can be prepared, but additional laboratories and personnel, as previously recommended, should expedite the process of protocol development. It does not seem advisable to administer non-tested drugs that could do more harm than good on an ad hoc basis, but many drugs have been previously tested in other countries and approved. Therefore:

- 12. The Standing Committee recommends that emphasis be placed on the rapid development of protocols for prospective antiviral drugs not previously tested, focusing on those capable of penetrating the blood-brain barrier. Those drugs that have had approval for use in the United States, Britain or France should be permitted to be administered, but in a controlled fashion to determine their efficacy.**

Health Care (Palliative Care and Hospices)

In July 1985, Health and Welfare Canada estimated that in the course of an AIDS patient's illness, an average of 75 days of hospitalization would be required, plus 13-14 out-patient visits, for a total cost of approximately \$40,000. In contrast to the Canadian figures, studies based on experience in the United States indicate that the first 10,000 AIDS patients that have been treated will account for 1.6 million hospital days (160 days/patient) and a treatment cost amounting to \$1.4 billion (US). Since the early Canadian estimates, infection in the brain by the HTLV-III/LAV virus leading to dementia has been confirmed and, as the AIDS picture unfolds, possible future complications may result in the need for increased care. With a continuation of the present increase in the number of AIDS patients of 2.5 times per year, the potential drain on the health care system is substantial. Economic losses may also help to illustrate one impact of AIDS on society. For example, it has been estimated that the first 10,000 patients in the United States would account for 8,387 years of work lost to disability and premature death and that this loss would cost over \$4.8 billion (US).

So far, the health care system has been relatively ill-prepared to deal with AIDS, in both its personnel training and facilities. Reiterating that AIDS is a new disease provides some explanation for problems and complications arising to date, but preparation for the continuation of the epidemic is imperative. Care should be taken that funds for AIDS should not simply involve a transfer of dollars previously allocated to other worthwhile causes.

Studies and experience in the United States have indicated that non-hospital-based health care may be a more effective means of dealing with some stages of an AIDS patient's illnesses than hospitalization. An integrated palliative care system, involving hospital care and centres that provide in- and out-patient hospice facilities, information and counselling, may be both more efficient (i.e., cost-effective) and, most important, more sensitive to the needs of AIDS patients. An effective hospice system would involve a "whole person" approach to those suffering from AIDS on a physical, psychological or emotional level. It should be tailored to the needs of AIDS patients and to the needs of friends and family as they also learn to live with AIDS.

It appears that some hospices for AIDS patients may soon be established (Vancouver and Toronto) but these were organized predominantly by the community-based AIDS centres in conjunction with the medical and public health authorities. At present, there is no centrally co-ordinated administration of care for AIDS patients and no survey has shown how the care has been conducted up to the present time. Expertise in the field of palliative care and hospice development can be found in Canada in the Palliative Care Foundation but their resources have been too limited to be very active as of yet. Modest funding in the range of \$75,000-100,000 was suggested by Dr. Dorothy Ley to be an adequate amount to conduct such a survey. Therefore:

- 13. The Standing Committee recommends that adequate funding be allocated to the Palliative Care Foundation for an organized survey of existing care methods and facilities for AIDS patients in Canada.**

14. The Standing Committee recommends that, in conjunction with AIDS patients, a group of experts involving the Palliative Care Foundation, economists, hospice operators and public health officials develop a model for integrated palliative care for AIDS patients.
15. The Standing Committee recommends that a cost-effectiveness analysis be undertaken to examine the model for integrated palliative care as opposed to the present methods of caring for AIDS patients. It is important that the concerns and requirements of AIDS patients and their family and friends be considered in the model.
16. The Standing Committee recommends that financial assistance be provided to those AIDS centres that are presently developing hospice facilities.

Reportability and Confidentiality

One of the more controversial issues of AIDS to have arisen is whether those persons who have been diagnosed as having AIDS or those who have tested positive for the antibody to HTLV-III/LAV (indicating they are potentially infectious) should be reported to public health authorities. Related questions of who should be tested and for what purposes are also a concern. Although some progress has been made in resolving some questions related to reportability and confidentiality, the issue, for the most part, has been slowly evolving.

Presently, the reporting of AIDS patients to public health authorities is not mandatory in all provinces. In order to obtain a correct assessment of the number of people with AIDS and understand the direction the disease is taking in the population, this information is required. There is also some question whether AIDS has been broadly enough defined to present a clear picture. That is, AIDS was originally characterized by specific opportunistic infections (e.g., Kaposi's sarcoma) only, and it is now evident that persons infected with HTLV-III/LAV can demonstrate other symptoms of infection and possibly die before meeting the definition of AIDS. Dementia alone, for example, caused by the virus would not be called AIDS. AIDS-related complex (ARC) might also be reported to help present a better understanding of the spread of the disease. Therefore:

- 17. The Standing Committee recommends that AIDS be a reportable disease in all provinces and that NAC-AIDS, LCDC and the provincial health authorities consider the necessity of reporting ARC and a redefining of AIDS.**

It is the understanding of the Standing Committee that no further federal legislation or changes to federal legislation is presently required to deal with AIDS and that many issues concerning AIDS are similar to those for sexually transmitted diseases. There does, however, seem to be a lack of uniformity in the public health acts of the various provinces across the country. Problems of uniformity appear to be in an interpretation of what the acts may require of reportability (i.e., AIDS alone or positive blood tests) and what information about the person is to be reported. Therefore:

- 18. The Standing Committee recommends that, in co-operation with the provinces, a study be initiated by the Department of Justice and a new legal/social subcommittee of NAC-AIDS, to review the statutes of the provinces for uniformity in their meaning and interpretation. Results of the study should be used to instill uniformity in existing legislation.**

The question of confidentiality of blood-test results has also been an issue. A federal-provincial meeting has so far guaranteed the relative confidentiality (i.e., results only known by the medical health authorities, doctor and patient) of positive blood test results. This has helped to allay the concerns of individuals and risk groups, who feared discrimination, and the Canadian Red Cross Society (CRCS), who feared lack of confidentiality could jeopardize their blood collection program. There has been some discussion of the pros and cons of tracing contacts of those who show a positive blood test. Contact tracing, with mandatory blood testing of contacts, might provide a more accurate census of the spread of the virus and help curtail its spread, but mandatory testing may involve a violation of rights. Proper counselling of those testing positive might be equally effective in reducing the spread

of the virus. Perhaps what is needed, is to know that if contact tracing is used, do the contacts who have been properly counselled as to the meaning of the test and means of transmission of HTLV-III/LAV go for testing or not? Does the system work effectively at present?

19. The Standing Committee recommends that studies be conducted in those provinces that presently use contact tracing and proper counselling, to determine whether those contacted and counselled go for testing.

Whatever may be the results of these studies and recommendations, it is apparent that a good administrative system for surveillance and records needs to be maintained in order to follow future developments of AIDS. Information from the tests should also remain only in the hands of the responsible public health authorities, CRCS (if that is who requested the blood test) and the attending physician.

Concerns about the life insurance industry regarding their requests for blood tests for AIDS antibodies before insuring a client and whether confidentiality of the results of blood tests would be maintained, prompted an examination of the industry. The Standing Committee feels that the insurance industry is treating these questions and other potential problems in a fair and reasonable manner. There does not appear to be excessive demands for blood testing at present or any fear of confidentiality betrayal. It is interesting to note, however, that blood to be tested for HTLV-III/LAV antibodies for the insurance industry is presently screened in the United States.

Liability insurance for the Canadian Red Cross Society (CRCS) has presented a more difficult situation. The CRCS commenced screening all donated blood for antibodies to HTLV-III/LAV in November 1985, using the best available technology. Because of the nature of the virus and the test's reliability, a 100% guarantee of blood uncontaminated by the virus is not presently possible, but no better screening methods are available. It should be noted, however, that a more accurate and less costly test procedure has recently been developed by the *Institut Armand Frappier*, a centre outside of Montreal, which may assist in more effective blood screening, although a 100% guarantee of accuracy is still not possible. As a result of these blood-screening difficulties, CRCS, as of 1 January 1986, has not been able to secure appropriate liability insurance from the industry and has, in effect, become self-insured. A trust fund, co-sponsored by the Canadian Blood Committee, has been initiated to provide for liability claims. Fear of liability by Connaught Laboratories Limited (CLL) which prepares and fractionates blood products for CRCS has also created complications. An agreement based on this trust fund is presently being negotiated to resolve these problems but blood requiring processing by CRCS and previously performed by CLL is now undertaken in a United States laboratory. It should be emphasized that there is little possibility of legal action against CRCS or CLL being successful because all technically possible safety precautions in the preparation of these blood products and the screening of donated blood are practised. Other options which could provide some resolution of these problems are: that the Federal Government provide a guarantee against any libel suits directed against CRCS and CLL; that legislation be enacted to limit the liability; or, that legislation be enacted to define the provision of blood and blood products to be not subject to strict product liability.

It appears that a satisfactory arrangement between CLL and CRCS will soon be completed. Additionally, insurance coverage is being pursued and may be found in the future. Until that time, the potential seriousness of the situation cannot be ignored but, based on the present stages of development, continued monitoring of the negotiations appears to be all that is necessary.

Continued Monitoring

The virus HTLV-III/LAV is a new human virus whose manifestations in those infected are still being recognized. HTLV-III/LAV itself is a rapidly mutating virus, approximately 100 times that of an influenza virus, which contributes to a potentially dynamic situation. As well, the response to AIDS is changing and future problems and responses are difficult to predict. In response to these circumstances:

- 20. The Standing Committee should hold hearings from time to time involving selected experts on AIDS should new developments concerning the AIDS epidemic occur. The Standing Committee should report any further recommendations to the House.**

To date, considerable concern both abroad and in Canada has been expressed about the reallocation of funds originally targeted for health care and social programs being redirected to deal with AIDS. AIDS is a new disease that requires new consideration at all the levels outlined in this report and, as the epidemic and its consequences unfold, new requirements are sure to surface.

- 21. The Standing Committee strongly recommends that increased government funding be provided and that other aspects of health care and social programs should not suffer financially as a result of having any of their funding reallocated to AIDS.**
- 22. The Standing Committee recommends that the Federal Government consider our model of suggested expenditures as outlined in Appendix 1.**

The urgency of effectively dealing with these issues related to AIDS in Canada cannot be overemphasized. The slowness and limited actions to date have resulted in needless physical, emotional and psychological suffering by AIDS patients and their families and friends, needless fear and concern by the public, a lack of preparedness by the medical profession and health care system, and frustration within the medical and scientific research community. AIDS will not disappear overnight and the development of an effective vaccine is not foreseeable in the next few years. Therefore:

- 23. The Standing Committee recommends that the Federal Government respond to these recommendations as soon as possible, in recognition of the urgency of taking effective action. The Standing Committee also requests a timetable for the implementing of any actions based on the recommendations of this report be included in the response.**

Continued Monitoring

The virus HTLV-IIIb is a new human virus whose manifestations in those infected are still being recognized. HTLV-IIIb is a highly mutating virus, approximately 100 times that of an influenza virus, which contributes to a potentially dynamic situation. As well, the response to AIDS is changing and future problems and responses are difficult to predict in response to these circumstances.

10. The Standing Committee should hold hearings from time to time involving selected experts on AIDS should new developments concerning the AIDS epidemic occur. The Standing Committee should report any further recommendations to the House.

To date, considerable concern has been expressed about the reallocation of funds originally targeted for health care and social programs being redirected to deal with AIDS. AIDS is a new disease that requires new consideration at all the levels outlined in this report and as the epidemic unfolds, new requirements are sure to surface.

11. The Standing Committee strongly recommends that increased government funding be provided and that other aspects of health care and social programs should not suffer financially as a result of having any of their funding redirected to AIDS.

12. The Standing Committee recommends that the Federal Government consider new modes of targeted expenditures as outlined in Appendix A.

The urgency of effectively dealing with this new disease in AIDS in Canada cannot be overemphasized. The awareness and initial actions to date have resulted in needless physical, emotional and psychological suffering by AIDS patients and their families and friends, needless fear and concern by the public, a lack of preparedness by the medical profession and health care system, and a confusion within the medical and scientific research community. AIDS will not disappear overnight and the development of an effective vaccine is not foreseeable in the next few years. Therefore:

13. The Standing Committee recommends that the Federal Government respond to these recommendations as soon as possible, in recognition of the urgency of taking effective action. The Standing Committee also requests a timetable for the implementation of any action based on the recommendations of this report to be included in the response.

List of Recommendations

1. The Standing Committee recommends the formation of a national centre on AIDS as a unit within LCDC. The Standing Committee further suggests that funds be provided to LCDC to maintain the national centre on AIDS and its research, education, community group assistance, and co-ordination responsibilities (see Appendix 1).
2. The Standing Committee recommends that the National Advisory Committee on AIDS (NAC-AIDS) have its mandate and funding renewed and expanded as necessary for an additional four-year period. The NAC-AIDS should act in a more advisory fashion as other recommendations outlined in this report relieve it of executive roles and suggest new advisory responsibilities. In addition, a subcommittee examining legal/social issues should be established (see Appendix 1).
3. The Standing Committee recommends that the Federal Government should act as a catalyst and provide initial funding for the creation of a National AIDS Foundation. It is suggested that the Foundation function as a fund-raising organization for AIDS support groups and itself and act as a co-ordinating office for community-based AIDS organizations across Canada. The Foundation, in co-ordination with the national centre on AIDS, should undertake a study to determine the costs of establishing community organizations, modelled on AIDS-Vancouver, but adapted to each community's own circumstances, in the major epidemic centres of Canada. Additionally, they should help initiate co-operation and interaction with the provinces and municipalities involved to provide assistance and funding to establish these community-based organizations. Consideration should be given to the monitoring of the community-based organizations by the Foundation once they have become established (see Appendix 1).
4. The Standing Committee recommends that emphasis be placed on providing comprehensive information and counselling for those who must learn to live and die with AIDS. A specific recommendation is a revision of a book published in Los Angeles entitled "Living with AIDS", placing its information in a Canadian context and producing it in both official languages.
5. The Standing Committee recommends that the Canadian Medical Association and the Association of Canadian Medical Colleges develop a counselling program for physicians and AIDS patients concerning life-sustaining treatments applicable to AIDS. The program should also emphasize the importance of directives in advance for health-care treatment and the options available for designating power of attorney.
6. The Standing Committee recommends that the NAC-AIDS Communications Subcommittee actively pursue its mandate and develop an overall public and professional education and information dissemination strategy. The national centre on AIDS should work in conjunction with the provinces to implement the recommendations of the NAC-AIDS Communications Subcommittee.

7. The Standing Committee recommends that the Science Council of Canada work in conjunction with both the National Advisory Committee on AIDS and the national centre on AIDS of LCDC in co-ordinating and assisting with information dissemination. Additional funding should be allocated as required to the Science Council to facilitate their involvement.
8. The Standing Committee recommends that funds for biocontainment laboratories, including expenses for their first year of operations, should be immediately made available. Because cost requirements to establish laboratories may vary, the Standing Committee suggests that the funds be granted in a lump sum and that NAC-AIDS form a Task Force to identify locations for the laboratories, define the resources necessary at each location and allocate the funds accordingly. Priority in the first year should be given to the major epidemic centres, Montreal, Toronto and, in particular, Vancouver, where no appropriate laboratories are presently found. Special consideration should also be given to those provinces who provide matching funds for the establishment of the laboratories and who will support their long-term operational costs. Consideration should be given to the financial requirements necessary to establish additional laboratories in subsequent years as outlined by the NAC-AIDS Task Force.
9. The Standing Committee recommends that the NAC-AIDS Research Subcommittee include members of MRC, NHRDP, NAC-AIDS and LCDC and act as a board directly advising MRC and NHRDP with respect to the requirements of targeted and solicited research on AIDS in Canada, as well as fundamental research that can be applied to AIDS. The Standing Committee suggests that the NAC-AIDS Research Subcommittee first undertake a study to determine the areas requiring research and specifically suggests an increase into the epidemiological investigations of HTLV-III/LAV transmission.
10. The Standing Committee recommends an increase in funds (see Appendix 1) for AIDS research be made available through the MRC and NHRDP in the support of short- and long-term targeted research as recommended by the NAC-AIDS Research Subcommittee. It is recommended that all funding be new monies and not be allocated for AIDS research at the expense of other research programs. It is also suggested that all non-solicited fundamental research projects, deemed by the NAC-AIDS Research Subcommittee to be applicable to the AIDS problem, be funded with these monies as required for renewable, minimum five-year periods. A review of the adequacy of the funding should be undertaken annually.
11. The Standing Committee recommends that an increase in doctoral and post-doctoral fellowships be made available in fields relevant to AIDS research. Fellowship allocations should be determined by the NAC-AIDS Research Subcommittee and be made available from the research funds previously recommended.
12. The Standing Committee recommends that emphasis be placed on the rapid development of protocols for prospective antiviral drugs not previously tested, focusing on those capable of penetrating the blood-brain barrier. Those drugs that have had approval for use in the United States, Britain or France should be permitted to be administered, but in a controlled fashion to determine their efficacy.

13. The Standing Committee recommends that adequate funding be allocated to the Palliative Care Foundation for an organized survey of existing care methods and facilities for AIDS patients in Canada.
14. The Standing Committee recommends that, in conjunction with AIDS patients, a group of experts involving the Palliative Care Foundation, economists, hospice operators and public health officials develop a model for integrated palliative care for AIDS patients.
15. The Standing Committee recommends that a cost-effectiveness analysis be undertaken to examine the model for integrated palliative care as opposed to the present methods of caring for AIDS patients. It is important that the concerns and requirements of AIDS patients and their family and friends be considered in the model.
16. The Standing Committee recommends that financial assistance be provided to those AIDS centres that are presently developing hospice facilities.
17. The Standing Committee recommends that AIDS be a reportable disease in all provinces and that NAC-AIDS, LCDC and the provincial health authorities consider the necessity of reporting ARC and a redefining of AIDS.
18. The Standing Committee recommends that, in co-operation with the provinces, a study be initiated by the Department of Justice and a new legal/social subcommittee of NAC-AIDS, to review the statutes of the provinces for uniformity in their meaning and interpretation. Results of the study should be used to instill uniformity in existing legislation.
19. The Standing Committee recommends that studies be conducted in those provinces that presently use contact tracing and proper counselling, to determine whether those contacted and counselled go for testing.
20. The Standing Committee should hold hearings from time to time involving selected experts on AIDS should new developments concerning the AIDS epidemic occur. The Standing Committee should report any further recommendations to the House.
21. The Standing Committee strongly recommends increased government funding be provided and that other aspects of health care and social programs should not suffer financially as a result of having any of their funding reallocated to AIDS.
22. The Standing Committee recommends that the Federal Government consider our model of suggested expenditures as outlined in Appendix 1.
23. The Standing Committee recommends that the Federal Government respond to these recommendations as soon as possible, in recognition of the urgency of taking effective action. The Standing Committee also requests a timetable for the implementing of any actions based on the recommendations of this report be included in the response.

Model of Suggested Expenditures

Expenditures Required in the First Year Only*

<u>Recommendation</u>	<u>Suggested Amount</u>	<u>Recipient and Application</u>
13 14 15	\$0.1 million	— <i>Palliative Care Foundation</i> survey of existing care methods and facilities for AIDS patients in Canada including the development of an integrated palliative care system for AIDS patients
8	\$1.0 million	—funding for the equivalent of four biocontainment laboratories excluding their first year of operation - approximately \$250,000/lab - a lump sum to be allocated by a NAC-AIDS Task Force is recommended Note: If matching funds are provided by the provinces, the installation of more than four laboratories may be possible and would assist in establishing the 10-12 new laboratories needed across Canada.
3	\$0.25 million	—to establish a <i>National Aids Foundation</i> (total commitment of \$0.5 million over a two-year period) - for personnel (3 PYs), office space, operating expenses and organization of volunteers - fund-raising to support itself and community-based groups - co-ordination of communications between community-based groups and monitoring of groups
SUBTOTAL	\$1.35 million - 1st Year Only \$0.25 million - 2nd Year Only	

* Note: In the case of recommendation 3, a second-year commitment of \$0.25 million will also be required.

Expenditures Required Annually

<u>Recommendation</u>	<u>Suggested Amount</u>	<u>Recipient and Application</u>
1	\$2.6 million/year	<p>—to LCDC to establish a national AIDS centre to co-ordinate AIDS activities across Canada</p> <p>—<i>Education and Prevention</i> (\$1.0 million/year) - information production, co-ordination and dissemination potentially contracted to the private sector</p> <p>—pamphlet production, television and radio campaigns targeted to the public, schools, professionals - support for community group information pamphlets in their first year of operations - additional personnel (3-4 PYs)</p> <p>—<i>Surveillance</i> (\$0.2 million/year) - increase in epidemiological studies - co-ordinate surveillance activities with provinces - 4-6 PYs or contract studies to established institutes, e.g., McGill or McMaster University</p> <p>—<i>In-House Research</i> (\$0.3 million/year - equipment costs, \$0.3 million/year - supplies and operational costs, \$0.3 million/year - contracts for solicited research, \$0.5 million/year - 15 PYs)</p> <p>—new equipment for LCDC and equipment for loan to other centres - providing diagnostic reference laboratory services for the country - virus culturing - assist Canadian Red Cross Society - training of personnel for laboratories across the country - development and technology transfer of new techniques - contracts to hospitals or centres for joint studies, e.g., drug trials - development of strategies and techniques for drug trials - vaccine development - continue ongoing virology and immunology research - central nervous system studies - 15 PYs</p>

Note: The adequacy of these funds should be determined annually.

2	\$0.5 million/year	—to <i>NAC-AIDS</i> for one year of a four-year renewal and expansion of mandate - increase number of meetings/year from 2 to 4 or more if necessary - frequent meetings of Research Subcommittee (e.g., one/month) - 1 PY as administrative assistant/secretary - fees for legal and social consultants - partially reimburse volunteer members of <i>NAC-AIDS</i> for loss of time elsewhere
8	\$0.8 million	—based on \$200,000/lab/year - for the annual operation of four biocontainment laboratories - a lump sum to be allocated by the <i>NAC-AIDS</i> Task Force is recommended Note: Funding by the provinces should be encouraged and may reduce this annual expenditure although operating costs for additional laboratories may be required.
10 11	\$5 million/year	—research funding including targeted and solicited research, relevant fundamental research, equipment grants and fellowships - to be made available through <i>NHRDP</i> and <i>MRC</i> - grant allocations directed by the <i>NAC-AIDS</i> Research Subcommittee
1	\$2 million/year	— <i>Community Group Assistance</i> - allocated by national AIDS centre of <i>LCDC</i> - based on an average of \$200,000/community group/year in 10 centres - to establish social assistance facilities for AIDS patients (e.g., hospices), information and literature production, AIDS “hot-lines” - volunteer co-ordination
SUBTOTAL		\$10.9 million - Required Annually
TOTAL		\$ 1.35 million - 1st Year Only \$10.90 million - Annual Expenditures \$12.25 million - 1st Year Expenditure

APPENDIX II

WITNESSES

Issue No.	Date	Witnesses
22	31-10-85	<p>The Honourable Jake Epp, Minister of National Health and Welfare</p> <p>Dr. A. J. Liston, Assistant Deputy Minister, Health Protection Branch, Department of National Health and Welfare, (Ottawa)</p> <p>Dr. Alastair Clayton, Director General, Laboratory Centre for Disease Control, Department of National Health and Welfare, (Ottawa); Member, National Advisory Committee on AIDS,</p> <p>Dr. Pierre Bois, President, Medical Research Council of Canada, (Ottawa)</p>
23	19-11-85	<p>Dr. Peter Gill, Director, Bureau of Microbiology, Laboratory Centre for Disease Control, Department of National Health and Welfare, (Ottawa); Member, National Advisory Committee on AIDS</p>
24	28-11-85	<p>Dr. Phil Gold, Physician-in-Chief, Montreal General Hospital</p>
26	03-12-85	<p>Dr. Stanley Read, Hospital for Sick Children, Division of Infectious Diseases, (Toronto); Member, National Advisory Committee on AIDS</p> <p>Robert Tivey, Project Director, AIDS-Vancouver</p>
27	12-12-85	<p>Dr. Dorothy Ley, President, Palliative Care Foundation, (Toronto)</p> <p>Dr. John Derrick, Director, AIDS Project, Canadian Red Cross Society — Blood Transfusion Service, (Toronto)</p>
28	17-12-85	<p>Dr. Norbert Gilmore, Royal Victoria Hospital, (Montreal); Chairman, National Advisory Committee on AIDS</p>

Issue No.	Date	Witnesses
29	06-02-86	Dr. Stuart Smith, Chairman, Science Council of Canada, (Ottawa)
30	11-02-86	Charles C. Black, Vice-President, Canadian Life and Health Association, (Toronto) Dr. Chris West, Medical Vice-President, Canada Life Assurance Company, (Toronto) J. Donald McFarlane, Assistant Vice-President, Manulife, (Toronto)
31	13-02-86	Dr. Alain Gauthier, Institut Schiller, (Montreal) Tracy Tremayne-Lloyd, Chairman, Health Law Section, Ontario Bar Association, (Toronto)
32	25-02-86	Bernard Starkman, Chief, Medical Law, Protection of Life Project, Department of Justice, (Ottawa); Legal Consultant, National Advisory Committee on AIDS
33	06-03-86	David Clements, (Montreal) Ellen Margolese, Co-ordinator, Community Support Services, <i>Comité SIDA - Aide Montréal</i> Betty-Ann Gladman, (Ottawa)

Pursuant to Standing Order 99(2), the Committee requests that the Government table a comprehensive response to its report.

A copy of the relevant Minutes of Proceedings and Evidence (*Issue nos. 22, 23, 24, 26, 27, 28, 29, 30, 31, 32, and 33 of the former Standing Committee on Health, Welfare and Social Affairs and Issue no. 1, of the Standing Committee on National Health and Welfare, which includes the report*) is tabled.

Respectfully submitted,
BRUCE HALLIDAY,

Chairman.

MINUTES OF PROCEEDINGS

THURSDAY, MARCH 20, 1986

(1)

[Text]

The Standing Committee on National Health and Welfare met at 9:42 o'clock a.m., this day, for the purpose of organization.

Members of the Committee present: Gabriel Desjardins, Bruce Halliday, Moe Mantha and Brian White.

The Clerk presided over the election of the Chairman of the Committee.

On motion of Moe Mantha, seconded by Brian White, it was agreed,—That Dr. Halliday do take the Chair of this Committee as Chairman.

The Chairman took the Chair.

On motion of Moe Mantha, seconded by Brian White, it was agreed,—That Gabriel Desjardins be elected Vice-Chairman of the Committee.

On motion of Brian White, seconded by Moe Mantha, it was agreed,—That the function of the Subcommittee on Agenda and Procedure be fulfilled by *in camera* meetings of the full committee.

On motion of Gabriel Desjardins, seconded by Moe Mantha, it was agreed,—That the Committee print 1,000 copies of its *Minutes of Proceedings and Evidence*.

On motion of Moe Mantha, seconded by Brian White, it was agreed,—That the Chairman be authorized to receive evidence and to authorize the printing thereof when four members are present.

On motion of Gabriel Desjardins, seconded by Brian White, it was agreed,—That, at the discretion of the Chairman, reasonable travelling and living expenses be paid to witnesses invited to appear before the Committee and that for such payment of expenses a limit of three representatives per organization be established.

On motion of Brian White, seconded by Gabriel Desjardins, it was agreed,—That the allocation of time for the questioning of witnesses be as follows: 10 minutes to the first questioner from each Party and that thereafter, at the discretion of the Chairman, five minutes be allocated to each subsequent questioner.

At 10:03 o'clock a.m., the Committee adjourned to the call of the Chair.

PROCÈS-VERBAL

LE JEUDI 20 MARS 1986

(1)

[Traduction]

Le Comité permanent de la santé nationale et du bien-être social tient, aujourd'hui à 9 h 42, sa séance d'organisation.

Membres du Comité présents: Gabriel Desjardins, Bruce Halliday, Moe Mantha, Brian White.

Le greffier préside l'élection du président du présent Comité.

Sur motion de Moe Mantha, appuyé par Brian White, il est convenu,—Que M. Halliday occupe le fauteuil du Comité à titre de président.

Le président occupe le fauteuil.

Sur motion de Moe Mantha, appuyé par Brian White, il est convenu,—Que Gabriel Desjardins soit élu vice-président du Comité.

Sur motion de Brian White, appuyé par Moe Mantha, il est convenu,—Que la fonction du Sous-comité du programme et de la procédure soit remplacée par des séances à huis clos du Comité plénier.

Sur motion de Gabriel Desjardins, appuyé par Moe Mantha, il est convenu,—Que le Comité fasse imprimer 1000 exemplaires de ses *Procès-verbaux et témoignages*.

Sur motion de Moe Mantha, appuyé par Brian White, il est convenu,—Que le président soit autorisé à recevoir des témoignages et à en permettre l'impression pourvu que quatre membres soient présents.

Sur motion de Gabriel Desjardins, appuyé par Brian White, il est convenu,—Que, à la discrétion du président, les témoins invités à se présenter devant le Comité soient remboursés des frais de déplacement et de séjour jugés raisonnables, et ce jusqu'à concurrence de trois délégués par organisme.

Sur motion de Brian White, appuyé par Gabriel Desjardins, il est convenu,—Que l'interrogation des témoins soit répartie comme il suit: Dix minutes au premier intervenant de chacun des partis et, par la suite, à la discrétion du président, cinq minutes à chaque intervenant.

A 10 h 03, le Comité s'ajourne jusqu'à nouvelle convocation du président.

Le greffier du Comité

Ellen Savage

Clerk of the Committee

MINUTES OF PROCEEDINGS

TUESDAY, MARCH 25, 1986

(2)

[Text]

The Standing Committee on National Health and Welfare met *in camera* at 11:11 o'clock a.m., this day, the Chairman, Bruce Halliday, presiding.

Members of the Committee present: Gabriel Desjardins, Bruce Halliday, Barry Turner, Brian White and Neil Young.

Acting Member present: Rolan de Corneille (for Douglas Frith).

Other Member present: Gabrielle Bertrand.

In attendance: From the Library of Parliament: Robert Milko, Research Officer.

The Committee resumed consideration of its Order of Reference dated April 22, 1985, in relation to the Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1984 (*See Minutes of Proceedings and Evidence of Tuesday, October 8, 1985, Issue No. 21*); and of its Order of Reference dated September 10, 1985 in relation to the Report of the Medical Research Council of Canada for the fiscal year ended March 31, 1985 (*See Minutes of Proceedings and Evidence of Thursday, October 31, 1985, Issue No. 22*).

The Committee proceeded to consider the draft Report on AIDS.

Brian White moved,—That the Committee adopt the draft Report without amendment as its Report to the House.

Debate arising thereon;

At 12:18 o'clock p.m., the Committee adjourned to the call of the Chair.

PROCÈS-VERBAL

LE MARDI 25 MARS 1986

(2)

[Traduction]

Le Comité permanent de la santé nationale et du bien-être social se réunit à huis clos, aujourd'hui à 11 h 11, sous la présidence de Bruce Halliday, (président).

Membres du Comité présents: Gabriel Desjardins, Bruce Halliday, Barry Turner, Brian White, Neil Young.

Membre suppléant: Roland de Corneille pour Douglas Frith.

Autre député présent: Gabrielle Bertrand.

Aussi présent: De la Bibliothèque du parlement: Robert Milko, attaché de recherche.

Le Comité reprend l'étude de son ordre de renvoi du 12 avril 1985 relatif au rapport du ministère de la Santé nationale et du Bien-être social pour l'exercice clos le 31 mars 1984 (*Voir Procès-verbaux et témoignages du mardi 8 octobre 1985, fascicule n° 21*); et l'étude de son ordre de renvoi du 10 septembre 1985 relatif au rapport du Conseil de recherches médicales du Canada pour l'exercice clos le 31 mars 1985 (*Voir Procès-verbaux et témoignages du jeudi 31 octobre 1985, fascicule n° 22*).

Le Comité procède à l'étude du projet de rapport sur le SIDA.

Brian White propose,—Que le Comité adopte le projet de rapport, tel quel, en tant que rapport du Comité à la Chambre.

Un débat s'ensuit.

A 12 h 18, le Comité s'ajourne jusqu'à nouvelle convocation du président.

Le greffier du Comité

Ellen Savage

Clerk of the Committee

MINUTES OF PROCEEDINGS

WEDNESDAY, APRIL 9, 1986

(3)

[Text]

The Standing Committee on National Health and Welfare met *in camera* at 3:34 o'clock p.m., this day, the Chairman, Bruce Halliday, presiding.

Members of the Committee present: Gabriel Desjardins, Douglas C. Frith, Bruce Halliday, Moe Mantha, Barry Turner, Brian White and Neil Young.

Other Member present: Gabrielle Bertrand.

In attendance: From the Library of Parliament: Robert Milko, Research Officer.

The Committee resumed consideration of its Order of Reference dated April 22, 1985, in relation to the Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1984 (*see Minutes of Proceedings and Evidence of Tuesday, October 8, 1985, Issue No. 21*); and of its Order of Reference dated September 10, 1985, in relation to the Report of the Medical Research Council of Canada for the fiscal year ended March 31, 1985 (*see Minutes of Proceedings and Evidence of Thursday, October 31, 1985, Issue No. 22*).

The Committee resumed consideration of the draft Report on AIDS and the motion of Brian White,—That the draft Report be adopted without amendment as its Report to the House.

Debate arising thereon;

At 5:32 o'clock p.m., the Committee adjourned to the call of the Chair.

PROCÈS-VERBAL

LE MERCREDI 9 AVRIL 1986

(3)

[Traduction]

Le Comité permanent de la santé nationale et du bien-être social se réunit à huis clos, aujourd'hui à 15 h 34, sous la présidence de Bruce Halliday, (*président*).

Membres du Comité présents: Gabriel Desjardins, Douglas C. Frith, Bruce Halliday, Moe Mantha, Barry Turner, Brian White, Neil Young.

Autre député présent: Gabrielle Bertrand.

Aussi présent: De la Bibliothèque du parlement: Robert Milko, attaché de recherche.

Le Comité reprend l'étude de son ordre de renvoi du 22 avril 1985 relatif au rapport du ministère de la Santé nationale et du Bien-être social pour l'exercice clos le 31 mars 1984 (*Voir Procès-verbaux et témoignages du mardi 8 octobre 1985, fascicule n° 21*); et l'étude de son ordre de renvoi du 10 septembre 1985, relatif au rapport du Conseil de recherches médicales du Canada pour l'exercice clos le 31 mars 1985 (*Voir Procès-verbaux et témoignages du jeudi 31 octobre 1985, fascicule n° 22*).

Le Comité reprend l'étude du projet de rapport sur le SIDA et Brian White propose,—Que le projet de rapport soit adopté tel quel en tant que rapport à la Chambre.

Un débat s'ensuit.

A 15 h 32, le Comité s'ajourne jusqu'à nouvelle convocation du président.

Le greffier du Comité

Ellen Savage

Clerk of the Committee

MINUTES OF PROCEEDINGS

THURSDAY, APRIL 17, 1986
(4)

[Text]

The Standing Committee on National Health and Welfare met *in camera* at 3:35 o'clock p.m., this day, the Chairman, Bruce Halliday, presiding.

Members of the Committee present: Gabriel Desjardins, Bruce Halliday, Moe Mantha, Barry Turner and Neil Young.

Acting Member present: Gabriel Berer (for Douglas Frith).

Other Member present: Gabrielle Bertrand and Bill Lesick.

In attendance: From the Library of Parliament: Robert Milko, Research Officer.

The Committee resumed consideration of its Order of Reference dated April 22, 1985, in relation to the Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1984 (see *Minutes of Proceedings and Evidence of Tuesday, October 8, 1985, Issue No. 21*); and of its Order of Reference dated September 10, 1985, in relation to the Report of the Medical Research Council of Canada for the fiscal year ended March 31, 1985 (see *Minutes of Proceedings and Evidence of Thursday, October 31, 1985, Issue No. 22*).

The Committee resumed consideration of the draft report on AIDS and the motion of Brian White,—That the draft report be adopted without amendment as its Report to the House.

And debate arising thereon;

By unanimous consent the Committee proceeded to consider its budget for the fiscal year ending March 31, 1987.

On motion of Neil Young, it was agreed,—That the Committee approve the provisional budget of \$101,254.30, and that the Chairman be instructed to present the said budget to the Liaison Committee and the Board of Internal Economy.

At 5:24 o'clock p.m., the Committee adjourned to the call of the Chair.

PROCÈS-VERBAL

LE JEUDI 17 AVRIL 1986
(4)

[Traduction]

Le Comité permanent de la santé nationale et du bien-être social se réunit à huis clos, aujourd'hui à 15 h 35, sous la présidence de Bruce Halliday, (*président*).

Membres du Comité présents: Gabriel Desjardins, Bruce Halliday, Moe Mantha, Barry Turner, Neil Young.

Membre suppléant présent: David Berger remplace Douglas Frith.

Autres députés présents: Gabrielle Bertrand, Bill Lesick.

Aussi présent: De la Bibliothèque du parlement: Robert Milko, attaché de recherche.

Le Comité reprend l'étude de son ordre de renvoi du 22 avril 1985 relatif au rapport du ministère de la Santé nationale et du Bien-être social pour l'exercice financier se terminant le 31 mars 1984 (*Voir Procès-verbaux et témoignages du mardi 8 octobre 1985, fascicule n° 21*); et l'étude de son ordre de renvoi du 10 septembre 1985 relatif au rapport du Conseil de recherches médicales du Canada pour l'exercice financier se terminant le 31 mars 1985 (*Voir Procès-verbaux et témoignages du jeudi 31 octobre 1985, fascicule n° 22*).

Le Comité reprend l'étude du projet de rapport sur le SIDA, et l'étude de la motion de Brian White, à savoir,—Que le projet de rapport soit adopté sans modifications en tant que rapport à la Chambre.

Un débat s'élève.

Par consentement unanime, le Comité procède à l'étude de son budget pour l'exercice financier se terminant le 31 mars 1987.

Sur motion de Neil Young, il est convenu,—Que le Comité approuve le budget provisoire de 101,254.30\$, et que le président reçoive instruction de présenter ledit budget au Comité de liaison et à la Commission de la régie intérieure.

A 17 h 24, le Comité s'ajourne jusqu'à nouvelle convocation du président.

Le greffier du Comité

Ellen Savage

Clerk of the Committee

MINUTES OF PROCEEDINGS

WEDNESDAY, APRIL 30, 1986

(5)

[Text]

The Standing Committee on National Health and Welfare met *in camera* at 3:36 o'clock p.m., this day, the Chairman, Bruce Halliday, presiding.

Members of the Committee present Douglas C. Frith, Bruce Halliday and Neil Young.

Acting Member present: Bill Lesick (for Brian White).

Other Members present: David Berger and Gabrielle Bertrand.

In attendance: From the Library of Parliament: Robert Milko, Research Officer.

The Committee resumed consideration of its Order of Reference dated April 22, 1985, in relation to the Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1984 (*see Minutes of Proceedings and Evidence of Tuesday, October 8, 1985, Issue No. 21*); and of its Order of Reference dated September 10, 1985, in relation to the Report of the Medical Research Council of Canada for the fiscal year ended March 31, 1985 (*see Minutes of Proceedings and Evidence of Thursday, October 31, 1985, Issue No. 22*).

The Committee resumed consideration of the draft Report on AIDS and the motion of Brian White,—That the draft Report be adopted without amendment as its Report to the House.

After debate, it was agreed,—That the motion of Brian White be amended to read as follows,—That the draft, as amended, be the Report of this Committee to the House on its Orders of Reference dated April 22, 1985, and September 10, 1985.

On motion of Douglas Frith, seconded by Neil Young, it was agreed,—

1. That, in addition to the 1000 copies usually printed, 1000 extra copies of the Report be printed for distribution to interested parties;
2. That the Report be printed in tumble format;
3. That the Report be printed with a special cover;
4. That the inside cover of the Report feature a list of all Members of Parliament who participated on the inquiry on AIDS as Members of the Committee;
5. That a press package be prepared for distribution on the date of tabling;
6. That the Chairman table the Report in the House on or before May 8, 1986, and that the Chairman be authorized to name an acting Chairman for that purpose as required.

PROCÈS-VERBAL

LE MERCREDI 30 AVRIL 1986

(5)

[Traduction]

Le Comité permanent de la santé nationale et du bien-être social se réunit à huis clos, aujourd'hui à 15 h 30, sous la présidence de Bruce Halliday, (*président*).

Membres du Comité présents: Douglas C. Frith, Bruce Halliday, Neil Young.

Membre suppléant présent: Bill Lesick remplace Brian White.

Autres députés présents: David Berger, Gabrielle Bertrand.

Aussi présent: De la Bibliothèque du parlement: Robert Milko, attaché de recherche.

Le Comité reprend l'étude de son ordre de renvoi du 22 avril 1985 relatif au rapport du ministère de la Santé nationale et du Bien-être social pour l'exercice financier clos le 31 mars 1984 (*voir Procès-verbaux et témoignages du mardi 8 octobre 1985, fascicule n° 21*); et l'étude de son ordre de renvoi du 10 septembre 1985 relatif au rapport du Conseil de recherches médicales du Canada pour l'exercice financier clos le 31 mars 1985 (*voir Procès-verbaux et témoignages du jeudi 31 octobre 1985, fascicule n° 22*).

Le Comité reprend l'étude du projet de rapport sur le SIDA et de la motion de Brian White, à savoir,—Que le Comité adopte le projet de rapport, tel quel, en tant que rapport du Comité à la Chambre.

Après débat, il est convenu,—Que la motion de Brian White soit modifiée comme il suit, à savoir,—Que le projet de rapport, sous sa forme modifiée, soit adopté en tant que rapport du Comité à la Chambre sur ses ordres de renvoi des ?? 22 avril et 10 septembre 1985.

Sur motion de Douglas Frith, appuyé par Neil Yount, il est convenu,—

1. Qu'en plus des 1000 exemplaires imprimés d'ordinaire, 1000 autres exemplaires soient commandés à l'intention des partis intéressés;
2. Que le rapport soit imprimé tête-bêche;
3. Que le rapport soit muni d'une couverture spéciale;
4. Qu'à l'intérieur de la couverture du rapport figure une liste de tous les députés qui ont pris part à l'enquête sur le SIDA en leur qualité de membres du Comité;
5. Que l'on prépare une trousse qui sera distribuée aux journalistes le jour du dépôt du rapport;
6. Que le président dépose le rapport sur le bureau de la Chambre au plus tard le 8 mai 1986, et qu'il soit autorisé à désigner un président intérimaire à cette fin, selon les prescriptions.

On motion of Douglas Frith, it was agreed,—That the Minister of National Health and Welfare be invited to appear before the Committee on Thursday, May 15, 1986, for the consideration of Votes under NATIONAL HEALTH AND WELFARE for the Main Estimates for the fiscal year ending March 31, 1987, pursuant to the Committee's Order of Reference dated Tuesday, March 4, 1986.

On motion of Douglas Frith, it was agreed,—That representatives of the Canadian health food industry and officials of the Department of National Health and Welfare be invited to appear before the Committee to advise the Committee on the health food industry.

At 4:39 p.m., the Committee adjourned to the call of the Chair.

Sur motion de Douglas Frith, il est convenu,—Que le ministre de la Santé nationale et du Bien-être social soit invité à se présenter devant le Comité le jeudi 15 mai 1986, pour étudier les crédits inscrits sous la rubrique SANTÉ NATIONALE ET BIEN-ÊTRE SOCIAL au budget des dépenses principal de l'année financière se terminant le 31 mars 1987, conformément à l'ordre de renvoi du Comité du mardi 4 mars 1986.

Sur motion de Douglas Frith, il est convenu,—Que des délégués de l'industrie canadienne des aliments naturels et des fonctionnaires du ministère de la Santé nationale et du Bien-être social soient invités à se présenter devant le Comité pour conseiller ce dernier sur l'industrie des aliments naturels.

A 16 h 39, le Comité s'ajourne jusqu'à nouvelle convocation du président.

Le greffier du Comité

Ellen Savage

Clerk of the Committee

EVIDENCE

(Recorded by Electronic Apparatus)

Thursday, March 20, 1986

• 0940

[Texte]

The Clerk of the Committee: Hon. members, I see a quorum.

Pursuant to Standing Orders 93, 91 and 92.1, your first item of business is to elect a chairman. I am ready to receive motions to that effect.

Mr. Mantha: I nominate Dr. Bruce Halliday as chairman.

The Clerk: It has been moved by Mr. Mantha and seconded by Brian White that Dr. Halliday take the chair of the committee as chairman. Is it the pleasure of the committee to adopt the motion?

Motion agreed to

The Clerk: I declare the motion carried and Dr. Halliday duly elected chairman of this committee, and I invite him to take the Chair.

The Chairman: Thank you.

First let me thank my colleagues for again putting trust in me in this position. We shall look forward to working together in the months ahead.

I guess the first item of business is election of a vice-chairman. Are there any nominations for vice-chairman? Mr. Mantha.

Mr. Mantha: I wish to nominate Mr. Gabriel Desjardins.

Motion agreed to

The Chairman: Congratulations, Mr. Desjardins. There will be times when the chairman is away and he will appreciate having you to fill in for him.

The next item of business, something we need to discuss—and I am sorry we do not have either Mr. Frith or Mr. Young with us as yet; perhaps Mr. Young will be coming before we finish—we need to take a decision as to whether or not the Subcommittee on Procedure and Agenda, commonly known as a steering committee... whether we wish to have a separate steering committee or whether we want to have our standing committee act as a steering committee, inasmuch as a steering committee usually has five members and we are only seven members as we are.

The Chair would invite some ideas or discussion on that. Apparently, there is no consensus as to what other committees are doing. Having been reduced now to the seven members only, it gives reason to wonder whether or not we need to have a special committee.

The way it would function in practical terms would be that if we decided to carry on with the full committee as a subcommittee, they could meet in camera and carry on as though we were having our steering committee meeting as in the past.

Mr. White: I would say it would be practical and expedient probably if we did use the full committee as the steering committee.

TÉMOIGNAGES

(Enregistrement électronique)

Le jeudi 20 mars 1986

[Traduction]

La greffière du Comité: Honorables députés, il y a quorum.

En conformité des articles 90(3), 91 et 92, le premier article de l'ordre du jour est l'élection du président. Je suis prête à recevoir les motions à cet effet.

M. Mantha: Je propose M. Bruce Halliday au poste de président.

La greffière: Proposé par M. Mantha et appuyé par M. Brian White, que M. Halliday assume la présidence du Comité. Plaît-il au Comité d'adopter la motion?

La motion est adoptée

La greffière: Je déclare la motion adoptée et M. Halliday dûment élu président du Comité. Je l'invite à prendre place et à présider.

Le président: Je vous remercie.

Je voudrais tout d'abord remercier mes collègues d'avoir bien voulu me confier de nouveau la présidence de ce Comité. J'espère que dans les mois à venir, notre collaboration sera fructueuse.

Le premier point à l'ordre du jour est l'élection d'un vice-président. Y a-t-il des candidatures au poste de vice-président? Monsieur Mantha.

M. Mantha: Je voudrais proposer M. Gabriel Desjardins.

La motion est adoptée

Le président: Je vous félicite, monsieur Desjardins. Il arrivera certainement que le président doive s'absenter et il sera certainement heureux de vous voir prendre sa place.

Le point suivant de l'ordre du jour devrait faire l'objet d'une discussion, et je regrette que MM. Frith ou Young ne soient pas encore parmi nous, mais M. Young viendra peut-être encore avant que nous levions la séance. Nous devons décider si le Sous-comité du programme et de la procédure, généralement désigné comme Comité directeur... constituera un comité à part ou si nous préférons voir notre Comité permanent fonctionner en tant que Comité directeur, un Comité directeur comprenant généralement cinq membres alors que nous-mêmes ne sommes guère plus de sept.

Le président aimerait connaître votre opinion sur cette question. Aucune règle générale ne se dégage des décisions des autres comités, mais puisque nous ne comptons plus que sept membres, l'utilité d'un comité spécial est remise en question.

Dans la pratique, si nous décidons que le Comité plénier assume les fonctions d'un sous-comité, nous pourrions nous réunir à huis clos et mener nos travaux de la même façon que le faisait notre Comité directeur.

M. White: Il serait commode, je crois, que le Comité plénier assume les fonctions de Comité directeur.

[Text]

The Chairman: Any other views on that?

M. Desjardins: Je suis d'accord en principe qu'il serait intéressant que l'ensemble du Comité travaille à la préparation de l'ordre du jour, mais en pratique, je ne sais pas s'il sera toujours possible de rassembler tous les membres du Comité. Si on avait un comité directeur, ce serait plus facile au niveau du consensus et au niveau des réunions. Déjà il ne sera pas toujours facile d'obtenir le consensus dans des réunions à sept. Si on prépare le programme des réunions du Comité avec l'ensemble des membres, on peut s'attendre à avoir des difficultés de fonctionnement.

Je n'ai rien en principe contre le fait que tous les membres du Comité siègent au Comité directeur, mais on peut s'attendre à ce qu'il y ait des problèmes de fonctionnement.

The Chairman: It seems that it would be reasonable for us to try it this way first. If it is agreed then, does somebody wish to move that—how would that be worded now?

• 0945

The motion might read this way if somebody wished to move it: that the function of the Subcommittee on Agenda and Procedure be fulfilled by in camera meetings of the full committee.

Mr. White: I would so move, Mr. Chairman.

Motion agreed to

The Chairman: The next item of business for new committees is a motion to print *Minutes of Proceedings and Evidence*. The standard number we have had in the past has been 1,000 copies. It might be that we need more than 1,000 copies of our final report, but that will be dealt with separately. Would somebody like to move that for regular meetings of this committee there be 1,000 copies printed, which I think has been the standard?

Mr. Desjardins: I so move.

Motion agreed to

The Chairman: The next question is one that comes up each time a committee is formed, and that is what will be the quorum to receive and print evidence. That is not necessarily the same quorum as taking a vote. . . . It will be the same under the new system, I think. I guess we are looking at the same quorum for both passing motions and hearing evidence. In the past it was usually a smaller number to hear evidence.

It is possible then to consider a draft motion, if I might suggest it: that the chairman be authorized to hold meetings to receive evidence and to authorize the printing thereof when a quorum is not present, provided that. . . . And this is the opportunity if you wish to have specified that there be an opposition member present.

Now, we have had some difficulty in the past with this committee getting all three parties or even two parties represented here. It would be my view. . . . I am sorry that Mr. Young is not here, because he for one has privately stated—and I think he stated it in committee here at one time—that he

[Translation]

Le président: Y a-t-il d'autres opinions sur ce point?

Mr. Desjardins: I agree in principle that it would be interesting if the full committee were to prepare the agenda, but I do not know if it will be always possible in practice to have all the members of the Committee present. If we had a steering committee, it would be easier to obtain a consensus and to organize the meetings. As it is, it will not always be easy to get a consensus in a committee of seven members. If all the members work on the agenda, we may expect difficulties.

I have nothing in principle against all the members of the committee sitting on the steering committee. I do think some difficulty in the running of business can be expected.

Le président: Mais nous pourrions tout au moins mettre l'idée à l'essai. Si vous le voulez bien, quelqu'un pourrait-il présenter une motion à cet effet? Comment la rédigerions-nous?

La motion serait libellée comme suit: que la fonction du sous-comité du programme de la procédure soit remplacé par les réunions à huis clos du Comité. Y a-t-il quelqu'un pour présenter cette motion?

M. White: Je veux bien la proposer, monsieur le président.

La motion est adoptée

Le président: Le point suivant de l'ordre du jour du nouveau comité est une motion portant impression des procès-verbaux et témoignages. Jusqu'à présent, le nombre d'exemplaires s'élevait à mille et il nous faudra peut-être plus de mille exemplaires du rapport final, mais nous aviserons séparément. L'un d'entre vous voudrait-il proposer que pour les réunions ordinaires que ce Comité, les procès-verbaux et témoignages soient imprimés à mille exemplaires, soit le nombre que nous avons eu jusqu'à présent?

M. Desjardins: Je propose cette motion.

La motion est adoptée

Le président: La question suivante se pose chaque fois que se constitue un comité, à savoir quel est le quorum pour entendre les témoignages et en autoriser l'impression. Ce n'est pas toujours le même quorum que pour un vote. . . . Mais avec le nouveau système, je crois que ce sera le même. Jusqu'à présent, il était possible de recevoir les témoignages en présence d'un plus petit quorum, mais en l'occurrence je crois que nous devons adopter le même quorum pour recevoir les témoignages et pour voter sur les motions.

Je vous propose donc, si vous le permettez, d'examiner le projet de motion suivant: que le président soit autorisé à tenir des séances, à recevoir des témoignages et à en autoriser l'impression en l'absence du quorum pourvu que. . . . C'est ici que vous pouvez intervenir, si vous le voulez, pour préciser que la présence d'un membre de l'Opposition est nécessaire à ce moment-là.

Il n'a pas toujours été facile jusqu'à présent pour ce Comité d'obtenir la présence de tous les trois partis, voire même de deux. Je suis d'avis. . . . Je regrette vivement l'absence de M. Young, car c'est lui qui a dit en privé—je crois qu'il l'a affirmé ici même—qu'à son avis on devrait pouvoir entendre les

[Texte]

felt there should be opportunity to hear witnesses if there is only one party present, provided you have a quorum.

I invite some discussion on that issue if you understand the point I am trying to make here. Mr. Desjardins.

M. Desjardins: Je suis tout à fait d'accord avec vous, monsieur le président. J'ai siégé au Comité des comptes publics et au Comité des langues officielles, et il arrivait souvent que nos travaux soient paralysés du fait qu'il n'y avait aucun représentant de l'opposition. Donc, il faudrait que le Comité puisse siéger même si un seul parti est représenté. Cela risque de se reproduire et on ne peut pas se permettre cela. On pourrait donc fixer un quorum de quatre députés, peu importe le parti qu'ils représentent.

The Chairman: Mr. Mantha.

Mr. Mantha: Yes, as long as we have four, because those guys will not show up. I was with Transport and they did the same thing. If we have a quorum of four, we start. You cannot have these people waiting.

The Chairman: I must admit that our opposition members on this committee have been very co-operative in the past. I do not want to appear to be high-handed in doing this, but I think for the practical functioning of this committee we would do well to be able to hear evidence with four members from any party. Would somebody care to move that motion then?

Mr. Mantha: I so move.

The Chairman: It is moved that the chairman be authorized to hold meetings to receive evidence and to authorize the printing thereof when a quorum of four is present. That is the way it would read, I think.

Motion agreed to

The Chairman: Thank you. Other motions of a routine nature to be considered relate to the payment of witnesses' expenses. A draft motion might be entertained of this fashion: that at the discretion of the chairman reasonable travelling and living expenses be reimbursed to witnesses invited to appear before the committee and that for payment of such expenses a limit of perhaps—this is open to discussion—three representatives per organization be established. This, I think, is a traditional type of motion indicating our willingness to pay witnesses who come their necessary expenses, up to a maximum of three per organization. This would preclude or eliminate some groups sending down six, let us say, or five. They could come but we would only pay for three.

• 0950

Would somebody like to move that motion? Mr. Desjardins. Is there any discussion of that number of three? It is a standard. There would be no further discussion. Is it agreed?

Some hon. members: Agreed.

The Chairman: The next motion is one we probably should have on the books, but it is one that I like to think we can be

[Traduction]

témoins même s'il n'y a qu'un seul des partis qui soit représenté, à condition d'avoir un quorum.

Vous voyez sans doute l'importance de la question que je soulève, et je vous invite donc à en discuter.

Mr. Desjardins: I am in total agreement with you, Mr. Chairman. I have been sitting on the Public Accounts Committee and on the Official Languages Committee and the proceedings often had to be stopped in the absence of a member of the opposition. I therefore propose that the Committee may hold a meeting even if only one party is represented. The same situation may repeat itself and the work of the committee would be paralyzed. We could therefore agree on a quorum of four members, whichever party they represent.

Le président: Monsieur Mantha.

M. Mantha: Oui, pourvu qu'il y ait quatre députés, parce qu'autrement nous restons en panne. C'était pareil au Comité des transports, auquel je siégeais. Avec un quorum de quatre personnes, nous pouvons commencer nos travaux sans avoir à attendre qui que ce soit.

Le président: Je reconnais qu'à ce Comité, les membres de l'Opposition n'ont pas fait de difficulté. Je ne veux vous forcer la main d'aucune façon, mais si nos travaux doivent se dérouler sans heurt, il me semblerait bon de pouvoir recevoir les témoignages en présence de quatre membres de quelque parti qu'ils soient. L'un d'entre vous voudrait-il présenter cette motion?

M. Mantha: Je propose cette motion.

Le président: M. Mantha propose que le président soit autorisé à tenir des séances, à recevoir des témoignages et à en autoriser l'impression en présence d'un quorum de quatre députés. C'est ainsi que la motion doit être rédigée, je crois.

La motion est adoptée

Le président: Les autres motions qu'il est d'usage de présenter portent sur le paiement des dépenses des témoins. Il est donc proposé que, à la discrétion du président, les témoins invités à comparaître devant le Comité soient remboursés des frais de déplacement et de séjour jugés raisonnables jusqu'à concurrence de trois délégués par organisme, ce chiffre étant sujet à discussion. C'est là une motion habituelle pour marquer que nous sommes disposés à indemniser les témoins, jusqu'à concurrence de trois par organisme, des dépenses qu'ils sont obligés de faire. Cela n'empêche pas certains groupes d'envoyer cinq ou six témoins, mais nous faisons savoir que nous ne payons les frais que de trois témoins.

Quelqu'un veut-il bien proposer cette motion? M. Desjardins. Est-ce le chiffre trois sur lequel vous n'êtes pas d'accord? C'est l'usage courant, et il n'est donc pas besoin d'en discuter. Êtes-vous d'accord?

Des voix: D'accord.

Le président: Je crois que nous devrions adopter en principe la motion suivante, tout en réservant une certaine souplesse. Il

[Text]

flexible on. It has to do with the questioning of witnesses and the allocation of time.

It has been traditional that the first questioner for each party be allowed ten minutes and subsequent questioners, five minutes. I guess it is a reasonable one to have on the books but in my view I think we should be flexible and I think we should also, in that flexibility, try to recognize those members who are here first. I do not like seeing somebody come in late and get on first for their questions. That is not fair to those who make an effort to be on time. But that is just a little personal quirk of the chairman.

Mr. Mantha: That is very good. In Transport they would come in, ask their questions and take off.

The Chairman: Yes. I think there has to be some recognition of and some consideration given to those who make it possible to have a meeting by being here on time.

The draft motion might read this way: that the allocation of time for the questioning of witnesses be as follows: ten minutes to the first questioner from each party and thereafter at the discretion of the chair, five minutes be allocated to each each subsequent questioner.

M. Desjardins: Est-ce que l'ordre des partis est toujours le même pour les interventions de dix minutes? Est-ce le parti au pouvoir, le Parti libéral et ensuite le NPD ou si on ne se préoccupe pas de l'ordre des partis?

The Chairman: There is a tradition here that the Official Opposition leads first, followed by the other opposition party, followed by the government party. But on occasion I have varied from that, depending upon circumstances.

M. Mantha: Comme le président l'a dit tout à l'heure, cela dépendra de qui arrivera en premier.

What you said earlier . . .

Mr. Desjardins: It all depends on who is here.

Mr. Mantha: And I think that is a good judgment because I have seen them come to get their . . . in Transport they have come in, have spoken and then taken off like an animal, just to get their names in *Minutes of Proceedings and Evidence*. It is not fair, but if they wait their turn, as you say, maybe it will be. I think it is good—what you said.

The Chairman: I also like to think that there is a distinction. There are two types of meetings we have; one is more like the Chamber, where you have the situation where the two sides are opposing each other such as when we are considering estimates, where the opposition parties tend to be more critical, perhaps, of the witness, namely the Minister. If you are hearing witnesses on a subject like AIDS, that is pretty non-partisan. I would like to think that in that situation we are all equal Members of Parliament and we should all have equal time. It is a little different considering those partisan issues such as estimates. But I like to think that we do away with partisanship when we are dealing with issues of health care of a nature such as AIDS and that type of thing.

[Translation]

s'agit de l'interrogation des témoins et du temps qui leur est alloué.

Il est d'usage d'accorder 10 minutes à la première question posée au nom de chaque parti et cinq minutes aux questions suivantes. Il est bon d'en faire une règle officielle, mais je crois que nous devrions nous montrer accommodant sur ce point et essayer de donner la parole aux députés qui arriveront les premiers. Je n'aime pas voir arriver quelqu'un en retard mais passer avec ses questions avant les autres; c'est injuste envers ceux qui ont fait un effort pour arriver à temps. Mais c'est peut-être une idée fixe du président.

M. Mantha: C'est très bien. Au Comité des transports, ils arrivaient en dernier, posaient leurs questions puis disparaissaient de nouveau.

Le président: Je crois effectivement qu'il faut récompenser, en quelque sorte, ceux qui grâce à leur ponctualité permettent à la séance de commencer à temps.

Le projet de motion est donc le suivant: il est proposé que le temps consacré à l'interrogation des témoins soit réparti de la façon suivante: 10 minutes au premier intervenant de chaque parti et par la suite, à la discrétion du président, cinq minutes à chaque intervenant.

Mr. Desjardins: Is the order of the parties always the same for the 10-minute questions? Is it the government party first, then the Liberal party, then the NDP, or does it not matter?

Le président: La tradition veut que le parti de l'Opposition officielle pose la première question, qu'il est suivi de l'autre parti d'opposition puis du parti au pouvoir. Mais il est arrivé, selon les circonstances, que je change cet ordre.

Mr. Mantha: As the chairman was saying, it will be first come, first served.

Ce que vous disiez tout à l'heure . . .

M. Desjardins: Cela dépend de ceux qui sont présents.

M. Mantha: Ce qui me paraît une bonne chose, car je les ai vu arriver juste pour placer leur . . . Au Comité des transports, ils arrivaient en coup de vent, prenaient la parole et s'esquivaient en vitesse, simplement pour faire figurer leurs noms ou aux *Procès-verbaux et Témoignages*. Ce n'est pas juste, et ce le sera peut-être davantage s'ils doivent attendre leur tour. Vous avez tout à fait raison.

Le président: Nous devons aussi, je crois faire la distinction: nous avons deux catégories de séances, l'une qui n'est pas sans ressemblance avec les travaux de la Chambre des communes où il y a confrontation entre les gens des deux bords, par exemple quand on examine le Budget et où les partis de l'opposition se montrent peut-être plus critiques du témoin, en particulier du Ministre. Mais si vous entendez des témoins sur un sujet comme le SIDA, la discussion ne donne généralement pas lieu à des considérations sectaires. Je crois que dans une situation de ce genre, nous sommes tous députés du Parlement et nous devrions tous avoir le même temps de parole. La question se pose un peu différemment quand il s'agit de questions prêtant à controverse, comme le Budget. Mais je veux espérer que nous savons laisser de côté ces considérations

[Texte]

Just for the information of the committee, we have previously appointed a researcher to our committee. Those of you who were on the committee before realize that Mr. Robert Milko from the Library of Parliament is our researcher and has now actually completed the draft of our first report on AIDS. There is no need at the present time to re-appoint, I understand, but we do have an opportunity to appoint him or other researchers in the future if we need to.

The next item to consider, if I may bring it to your attention, is the fact that you have all been provided with the first draft copy in both official languages of our report on AIDS. Most of you are familiar with the fact that we have had these hearings, having just recently completed the various witnesses. Mr. Milko has provided us with the first draft of this report. I would suggest that we read it between now and, say, next Tuesday, and if that is suitable we shall have a meeting at that time. As a full committee I think we might consider the report to see if we wish to make any amendments, additions or deletions at that time. I dare say there will be some changes we will want to make, and that could be then considered by our researcher, who will come up with a final draft to consider perhaps the week after Easter.

• 0955

We hoped to have this completed and tabled in the House by Easter, but I think it is not practical to do it now. We have had several weeks' delay because of the formation of these new committees, and I think we should be willing to wait until after Easter.

Is that agreed as to our procedure?

Some hon. members: Agreed.

The Chairman: I shall mention one other item you might wish to consider. Inasmuch as we have a number of our colleagues on both sides of the House who were involved in the AIDS hearings, we thought it appropriate to send this draft report to those members who were also regular members and alternates on the last committee. Since they heard the witnesses they may like to have some input. As in all committees, all members of Parliament are free to come to a committee and to be heard at the consent of the Chair. So if it is agreeable, all our former regular and alternate members will receive copies of these reports and will be invited to come if they have any input. Does that raise any problems for committee members?

Any other items of business that the committee wishes to discuss at this time? Those of you who have been at other organizational meetings will realize that all new committee chairmen have been provided with what is called a proposed statement to be given by chairmen of standing committees on how the new committees function. It is a three-legal-size-page document which describes our responsibilities as members of these new committees, including the fact that we must file a

[Traduction]

quand il s'agit de questions de santé comme le SIDA et autres questions de cette nature.

Je voudrais également faire savoir au Comité que nous avons nommé un attaché de recherche, à savoir M. Robert Milko de la Bibliothèque du Parlement que certains d'entre vous connaissez déjà et qui vient de terminer le projet de notre premier rapport sur le SIDA. Il n'est pas nécessaire de procéder à une nouvelle nomination, mais nous pourrions reconfirmer sa nomination ou choisir d'autres attachés de recherche si le besoin s'en fait sentir.

Je voudrais ensuite attirer votre attention sur le fait que vous avez tous reçu le premier projet de notre rapport sur le SIDA, dans les deux langues officielles. La plupart d'entre vous savent que nous venons de terminer d'entendre les divers témoins et M. Milko vient de nous présenter le premier projet de ce rapport. J'aimerais que d'ici mardi prochain, vous ayez lu ce rapport et que nous nous réunissions alors, si cela vous convient. Nous pourrions examiner ce rapport en Comité plénier, pour voir à ce moment-là si nous voulons y apporter des modifications, des ajouts ou supprimer certains passages. Nous voudrions certainement effectuer certains changements dont le chercheur tiendra compte, et j'espère qu'il pourra nous présenter le projet définitif la semaine après Pâques.

Nous espérions avoir terminé et présenter ce rapport à la Chambre avant Pâques, mais cela n'a pas été possible. Nos travaux ont été retardés de plusieurs semaines à cause de la formation des nouveaux comités et nous serons donc obligés d'attendre jusqu'à après Pâques.

Êtes-vous d'accord sur la procédure à suivre?

Des voix: D'accord.

Le président: Je voulais encore vous soumettre une autre question. Aux audiences sur le SIDA ont participé un certain nombre de nos collègues des deux bords et nous avons donc jugé bon d'envoyer le projet de rapport aux membres du dernier Comité ainsi qu'à leurs suppléants. Nous avons pensé que puisqu'ils avaient entendu les témoins, la question les intéresserait sans doute. Il est loisible à tous les députés du Parlement d'assister librement aux travaux d'un Comité quel qu'il soit et de prendre la parole si le président y consent. Donc, si vous êtes d'accord, tous les anciens membres du Comité ainsi que les suppléants recevront des exemplaires de ces rapports et seront invités à venir assister à nos travaux ou intervenir, s'ils le veulent. Est-ce que vous y voyez une difficulté?

Y a-t-il d'autres questions dont le Comité voudrait discuter? Ceux d'entre vous qui ont assisté à d'autres séances d'organisation savent que tous les nouveaux présidents ont reçu un document exposant le fonctionnement des nouveaux Comités. C'est un document de trois grandes pages qui décrit nos responsabilités de membres de ces nouveaux Comités et stipule entre autres que nous devons remettre à la greffière de notre Comité avant le 26 mars, soit d'ici cinq jours ouvrables, une liste de cinq membres qui constitueront nos suppléants.

[Text]

list of five members who will be our alternates with the clerk of our committee by March 26, five sitting days from now.

If you do not do that your name may be struck from the committee.

Is it possible, Madam Clerk, to have a copy of this sent out to each member? I think we will send a copy to each member, but other highlights here include the order in council appointments. We are now free, as you know, to review any Order in Council appointments pertaining to the Department of Health and Welfare, and they will be referred, I presume, by Cabinet to this committee if it is deemed appropriate.

There is also going to be a liaison committee formed which will consist of the chairmen of all standing committees. They will discuss the function, operations and funding and so on of standing committees.

Finally, the financial report of standing committees will be considered and the sums allocated by the Board of Internal Economy. Any of our expenses for this committee will henceforth be public information. They will be documented and printed at the end of the fiscal year, probably.

There is also a change in the main estimates. The Leader of the Official Opposition will now have an opportunity to call one department each year into the House. Otherwise, as you know, the main estimates are considered by the standing committee and they are deemed to be passed as of a certain date, whether you deal with them or not. But now, as I understand it, one department's estimates will be called into the House by the . . .

• 1000

The Clerk: No. Actually the sitting day or the deemed reporting day will be moved up to May 31 to give that particular committee more time to examine estimates if they choose.

The Chairman: Yes. There will be opportunity for more extensive examination of the estimates for one particular department than previously.

Then on the subject of a mandate for this committee, pursuant to Standing Order 96.(2), most standing committees are empowered to study and report on all matters relating to the mandate, management and operations of the department which are assigned to them by the House. Which I think really means that anything the Department of National Health and Welfare is assigned to do and has within its mandate we have in our mandate as well, which gives us a fair degree of flexibility as to what we want to discuss.

Finally, regarding the former health committee, the motion back on February 14, 1986, stated:

All outstanding orders of reference, reports, returns and papers and any evidence based on these items, are deemed referred to the new appropriate, corresponding standing committee.

[Translation]

Si vous ne produisez pas cette liste, vous courez le risque de voir votre nom radié de la liste du Comité.

Pourriez-vous, madame la greffière, faire parvenir à chaque membre du Comité un exemplaire de ce document? Je propose qu'il en soit ainsi, mais une autre question porte sur les nominations par décret. Vous savez sans doute que nous sommes maintenant en mesure de revoir toutes les nominations par décret au ministère de la Santé et du Bien-être, nominations qui seront déférées à ce Comité par le Cabinet s'il le juge approprié.

Un Comité de liaison sera également constitué qui sera composé des présidents de tous les Comités permanents. Ce Comité discutera des attributions, du fonctionnement et du financement des Comités permanents.

Enfin, le rapport financier des Comités permanents sera soumis à l'examen du Bureau des commissaires à la régie interne qui affectera les crédits. Toutes les dépenses du Comité seront dorénavant portées à la connaissance du public; elles seront exposées en détail et publiées probablement à la fin de l'année financière.

Un changement est également intervenu dans le Budget principal. Le chef de l'Opposition officielle pourra dorénavant convoquer chaque année un ministère à la Chambre des communes. Jusqu'à présent, vous le savez, le Budget principal était examiné par un Comité permanent et censé avoir été adopté à partir d'une certaine date, que l'on en ait discuté ou non. Mais que je sache, le budget d'un ministère sera mis en délibération à la Chambre . . .

La greffière: Non. L'échéance a été reportée au 31 mai pour donner au Comité en question tout le loisir nécessaire pour étudier le budget de ce ministère.

Le président: Cela veut donc dire que le Comité compétent aura plus de temps pour étudier le budget de ce ministère.

Passons maintenant au mandat du Comité. Conformément à la disposition 69.(8) du Règlement, les comités permanents sont autorisés à faire étude et enquête sur toutes les questions qui leur sont déférées par la Chambre et à faire rapport à ce sujet. Ils sont autorisés à se pencher sur le mandat, l'administration et les activités du ministère dont la Chambre leur a confié la responsabilité. Donc à mon avis nous sommes responsables de tous les éléments du mandat du ministère de la Santé nationale et du Bien-être social. Cela nous donne donc énormément de souplesse pour ce qui concerne les sujets d'étude.

Et enfin, en ce qui concerne l'ancien Comité de la santé, la motion du 14 février 1986 stipule:

Tous les ordres de renvoi, rapports et documents ainsi que les témoignages recueillis en la matière sont réputés être déférés en permanence au nouveau Comité permanent correspondant compétent.

[Texte]

This virtually says that everything we did on the previous committee automatically stands referred to this committee and we do not have to go through the rigmarole of repeating what we have done before. Obviously then, our work on AIDS just carries on without any interruption. We do not have to start over again.

If it is agreed, we will ask the clerk to send us all copies of these three pages so you will have a chance to read them between now and next Tuesday.

Any further items of business. Mr. Desjardins.

M. Desjardins: Dans le passé, ce Comité siégeait-il pendant un temps limité, par exemple pendant deux heures, de 9h00 à 11h00? J'ai fait partie de comités qui commençaient parfois à siéger à 09h00 et qui terminaient à 13h00 alors que d'autres comités avaient un temps très, très limité pour siéger. Quelle est la tradition à ce Comité-ci?

The Chairman: I think it is fair to say, and I stand to be corrected by my colleagues here or by the clerk, that we have been fairly flexible on this. Frequently, our meetings start at 9.30 a.m., so we are limited by 11 a.m. anyway because usually another committee is coming in. On the other hand, when we have witnesses and have a meeting in the afternoon, we have been known to go on to 6 p.m. or 5.30 p.m. We have some flexibility at that end. But if the committee wishes to have some fixed time limit, we could consider it.

M. Desjardins: Un comité auquel je siégeais faisait comparaître deux témoins à la même séance. On accordait beaucoup de temps au premier et on avait très peu de temps pour le deuxième. Il y avait de l'injustice envers les témoins. Je ne sais pas si ce Comité a l'habitude de convoquer plusieurs témoins à la fois, mais je sais que cela a créé des problèmes à d'autres comités. Normalement, les témoins devraient mériter le même temps de comparution.

The Chairman: I think it is a good point you have raised, Mr. Desjardins. We have tried in such situations to allocate the time in an even fashion, and if there were two witnesses or three witnesses, we would give them each half or a third of the time and cut them off then so the later witnesses were not penalized, and then at the very end, if there was time left over, all three could be questioned at the same time. So I would hope you and other members of the committee would make sure the chair enforces that kind of flexibility whereby we are fair to all witnesses.

Any further discussions? If not, we adjourn this meeting to the call of the Chair. The next meeting will probably be next Tuesday at 11 a.m.

[Traduction]

Cela veut dire en quelque sorte que toutes les activités de notre précédent Comité sont déferées au Comité actuel et il n'est donc pas nécessaire de refaire tout ce que nous avons déjà fait. Par conséquent, tous nos travaux sur le SIDA peuvent se continuer sans interruption. Il n'est pas nécessaire de recommencer.

Si vous êtes d'accord, nous allons demander à la greffière de nous envoyer des copies de ces trois pages pour que vous puissiez les lire d'ici mardi prochain.

Autre chose? Monsieur Desjardins.

Mr. Desjardins: Did the former committee ever impose a time limit? Did it sit for two hours, for example, from 9 a.m. to 11 a.m.? I have sat on committees which went on from 9 a.m. to 1 p.m. whereas other committees were very strict as to the duration of the sittings. What is the tradition of this committee?

Le président: Mes collègues ou la greffière me corrigeront si j'ai tort, mais nous avons fait preuve d'une certaine souplesse à cet égard jusqu'à maintenant. Il est arrivé très souvent que nos réunions commencent à 9h30, auquel cas nous devons terminer à 11 heures pour laisser la place à un autre comité. Mais lorsque nous nous réunissons l'après-midi pour accueillir des témoins, il nous est arrivé de poursuivre jusqu'à 17h30 ou 18 heures. Nous sommes assez souples à cet égard. Si le Comité souhaite adopter des limites, nous pourrions en étudier l'opportunité.

Mr. Desjardins: One committee on which I sat would hear two witnesses at a single sitting. This often meant that we would spend a lot of time with the first witness and very little with the second. I feel it was quite unfair to the witnesses. I do not know whether this committee usually invites more than one witness at a time. But I do know that this has created problems for other committees in the past. I feel that all witnesses should be granted the same amount of time.

Le président: Vous venez de soulever un aspect très intéressant, monsieur Desjardins. Par le passé, nous avons toujours essayé de répartir équitablement le temps à notre disposition. Chaque fois que nous avons accueilli deux ou trois témoins, nous leur avons accordé la moitié ou le tiers du temps à notre disposition. Nous étions très stricts pour ce qui est de les interrompre une fois leur temps expiré de manière à ne pénaliser aucun des témoins ultérieurs. Et à la toute fin, s'il restait du temps, les questions pouvaient s'adresser aux trois témoins, par exemple. J'espère que vous-même ainsi que les autres membres du Comité n'hésitez pas à surveiller le président pour que nous traitions tous les témoins de manière juste et équitable.

Autres questions? La séance est levée. Nous nous réunirons de nouveau sans doute mardi prochain à 11 heures.

